

**COMAR 10.16.06**

**Certification for Youth Camps Regulations**

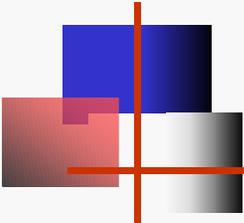
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Maryland Department of Health  
and Mental Hygiene (DHMH)

Office of Food Protection and  
Consumer Health Services

Division of Community Services



# MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Office of Food Protection and Consumer Health Services

Division of Community Services

6 St. Paul Street, Suite 1301

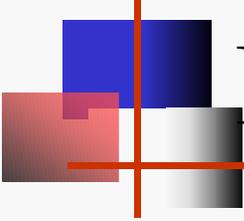
Baltimore MD 21202-1608

Phone: (410) 767-8417

Toll Free: 1-877-4MD-DHMH (463-3464) ext. 8417

Fax: (410) 333-8926

E-Mail: [sfox@dhmh.state.md.us](mailto:sfox@dhmh.state.md.us)

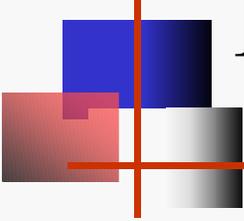


# Regulation Purpose

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To protect children attending youth camps in Maryland from injury and illness and to promote public health and safety at camps.

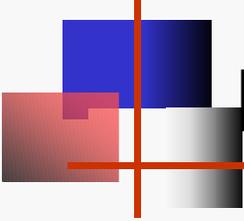


# Requirements

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A youth camp operator must:

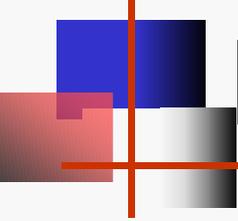
- Comply with the youth camp regulations, COMAR 10.16.06
- Obtain a certificate or letter of compliance from the Maryland Department of Health and Mental Hygiene



To obtain a Certificate or Letter of Compliance, you must:

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- Submit an application
- Pay a fee
- Send DHMH certain compliance information

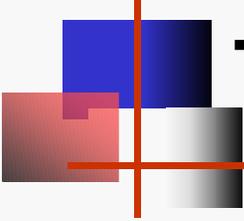


# Definition of a Youth Camp

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COMAR 10.16.06.02 defines a youth camp as: "...a day camp, residential camp, travel camp, or trip camp that:

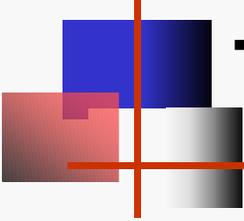
- (a) During a calendar year, accommodates seven or more campers unrelated to the operator; and
- (b) Provides primarily recreational activities or has a substantial recreational component."
- (c) Has permanent buildings, temporary buildings, or no buildings; and
- (d) operates on owned private property, owned private facilities, leased private property, leased private facilities, public property, or public facilities



# Types of Youth Camps:

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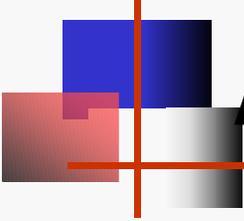
1. Day Camp: Is operated for all or part of the day but less than 24 hours a day, provides 3 recreational activities or any one specialized activity, and conducted for at least 7 days in a 3 week or less period.
2. Residential Camp: A camp where campers live apart from relatives, parents, etc. not less than 24 hrs. a day for at least 5 consecutive days.



# Types of Youth Camps

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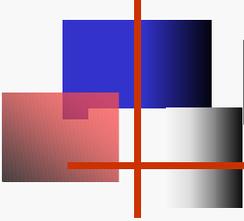
3. Travel Camp: A residential camp that uses motorized transportation to move among different sites.
4. Trip Camp: A residential camp that moves from site to site under their own power or by transportation which permits individual guidance of a vehicle or animal.



# Adventure Camp:

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An activity or program that exposes a camper to a life threatening or serious injury because of the inherent danger of the activity. Examples are bicycling, piloting an airplane, ropes courses, skydiving, snowboarding, in-line skating, or similar activity.



# Primitive Camp:

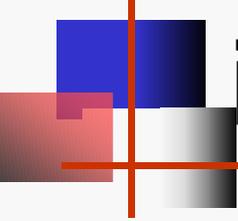
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A day or residential camp where permanent facilities for water supply, sewage disposal, food service, sleeping, bathing, and hand washing are not available.

# A Youth Camp does not include:



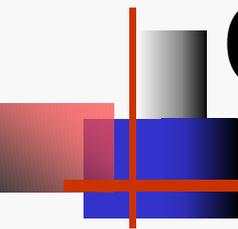
- A child care center licensed or issued a letter of compliance by CCA.
- A family day care home registered under COMAR 07.04.01.
- A program that operates before, after, or before and after a public or nonpublic school's daily session or a child care program's daily session.
- An instructional program for a specialized activity operated for  $\leq 2$ hrs. per day
- A competitive activity sponsored by a sports league.



# A Youth Camp does not include:

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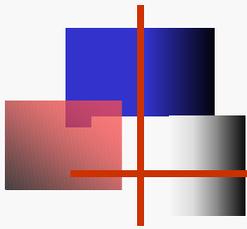
- A summer school program where the curriculum is offered for academic credit and is taught by a MD State Dept. of Education certified teacher or a teacher approved by COMAR 13A.09.09
- A day care or child care program that has as its primary purpose the custodial care of children.
- A program that enrolls a child younger than 3 ½ years old; or
- A recreational activity or program where each child's parent or legal guardian is present throughout the duration of the activity or program, participates in the activity or program and oversees the activities of the child.



COMAR 10.16.06.21

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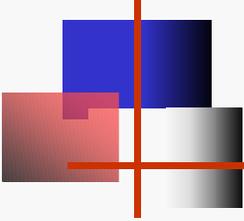
# Criminal Background Investigation of Staff



# COMAR 10.16.06.21

## Criminal History Record Check

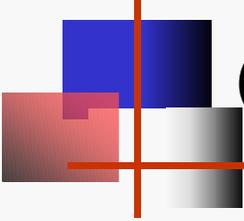
- Keep on file, for each employee, application records and the results of the criminal history record check
- The employer must grant access to the disclosures, statements, records and receipts to the representative of the Department of Health and Mental Hygiene who is certifying the camp



# Obtain the Application

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- **CJIS, Customer Assistance Desk at  
(410) 764-4501,**
- **Toll Free Number 1-888-795-0011**
- **Fax:(410)-653-5690**
- **Mail: CJIS Central Repository, P.O.  
Box 5743, Pikesville, MD 21282-5743**



# Completing the Application

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- Use the appropriate authorization number and Information
- Directors must use DHMH's number **9400019171** and Information.
- Mail Reply to: Maryland DHMH/OFPCHS, Attn. Pam Engle, 6 St. Paul St., Suite 1301, Baltimore, MD 21202-1608
- All other camp employees use employer's authorization number.

STATE OF MARYLAND  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES  
REGISTRATION FOR AUTHORIZATION FOR RECORD CHECKS

Date: \_\_\_\_\_

- This is a NEW registration.  
 This is a CHANGE to a current registration.  
 Please add my name to your Newsletter mailing list only. (Complete Section I only.)  
List Authorization Number if known \_\_\_\_\_

I. COMPANY OR AGENCY NAME: \_\_\_\_\_  
(Must be listed as employer on application & fingerprint card submitted for check.)  
CONTACT PERSON: \_\_\_\_\_  
(Person who handles record checks and who will receive all responses, newsletters, etc.)  
CONTACT PERSON'S POSITION TITLE: \_\_\_\_\_  
CONTACT PERSON'S TELEPHONE NUMBER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

- II. REASON FOR REQUEST:  
\_\_\_\_ ADULT DEPENDENT CARE (For Maryland Adult Dependent Programs ONLY)  
\_\_\_\_ ATTORNEY/CLIENT  
\_\_\_\_ CHILD CARE (For Maryland Child Care Facilities ONLY)  
\_\_\_\_ CRIMINAL JUSTICE (For Criminal Justice Agencies ONLY)  
\_\_\_\_ GOVERNMENT EMPLOYMENT - Federal \_\_\_\_ State \_\_\_\_ Local \_\_\_\_  
\_\_\_\_ GOVERNMENT LICENSING/CERTIFICATION  
\_\_\_\_ PRIVATE PETITION (EMPLOYER)  
\_\_\_\_ PUBLIC HOUSING AUTHORITY

IF AUTHORIZED BY STATUTE, ENTER STATUTORY CITATION: \_\_\_\_\_

IV. I CERTIFY THAT, UNDER THE SPIRIT AND INTENT OF THE LAWS OF MARYLAND, I UNDERSTAND THAT DATA RETURNED TO ME CAN ONLY BE USED AS REQUESTED AND THAT I AM NOT AUTHORIZED FOR FURTHER DISSEMINATION.

\_\_\_\_\_  
SIGNATURE

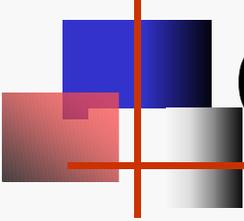
\_\_\_\_\_  
TITLE

MAIL COMPLETED FORM TO: CJIS AUTHORIZATION ADMINISTRATOR  
POST OFFICE BOX 5743  
PIKESVILLE, MARYLAND 21282-5743

Fax: 410-653-5690

# Authorization Number

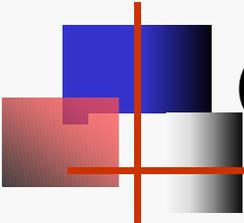
- To receive an authorization number, each camp employer must register with CJIS, Central Repository



# Completing The Application

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- Review Instruction Forms before completing.
- Always print legibly.
- Use appropriate authorization number.
- Include daytime and evening phone number (old form may require addition of phone numbers).



# Completing the Application

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## Disclosure statement

<b>BY USE ONLY</b>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prints                      Date

\_\_\_\_\_  
ID & Personnel #

**APPLICANTS REQUIRED TO MAKE DISCLOSURE MUST complete the Statement below.**

### DISCLOSURE

I, \_\_\_\_\_

(PRINT NAME)

hereby declare or affirm under Penalty of Perjury, that I

(Check one) →     HAVE     HAVE NOT

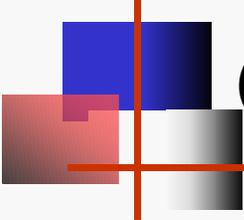
been convicted, received a probation before judgment, received a not criminally responsible disposition, & that I

(Check one) →     AM     AM NOT

the subject of pending criminal charges. I further declare or affirm that I am the applicant whose signature appears below.

IT \_\_\_\_\_ DATE \_\_\_\_\_

3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE
8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE



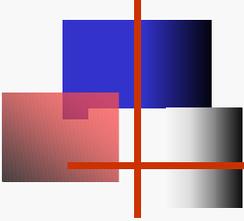
# Completing the Application

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<p><b>DO NOT SEPARATE</b></p> <p>Applicant's Name _____ <small>DO NOT WRITE BELOW THIS LINE</small></p> <p><b>FOR CJIS - CENTRAL REPOSITORY USE ONLY</b> CHRI REQUEST ACKNOWLEDGEMENT</p> <p>The CJIS Central Repository hereby acknowledges receipt of this application on _____ A criminal history record check will be made.</p> <p>Certified _____ (Signature) _____ (Title) _____ (Date)</p> <p>CALL (410) 764-4501</p> <p>FOR INQUIRIES ON THIS REQUEST PLEASE INCLUDE THIS REFERENCE NUMBER: 99 3006 65262 1</p>	<p><b>DO NOT SEPARATE</b></p> <p>Applicant's Name _____ <small>DO NOT WRITE BELOW THIS LINE</small></p> <p><b>FOR CJIS - CENTRAL REPOSITORY USE ONLY</b> CHRI REQUEST ACKNOWLEDGEMENT</p> <p>The CJIS Central Repository hereby acknowledges receipt of this application on _____ A criminal history record check will be made.</p> <p>Certified _____ (Signature) _____ (Title) _____ (Date)</p> <p>CALL (410) 764-4501</p> <p>FOR INQUIRIES ON THIS REQUEST PLEASE INCLUDE THIS REFERENCE NUMBER: 99 3006 65262 1</p>
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## Acknowledgement cards

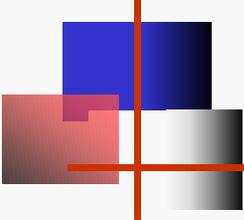
- Complete one card
- Add camp name to card
- Address card to the camp operator or to DHMH for Director



# Fingerprints

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- Need two sets of fingerprints
- One set on application
- One set on FBI card
- Cost is about \$5.00 per set of prints



# Fingerprints

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- List of designated agencies
- CJIS Customer Service Center,  
Reisterstown Road Plaza Office Complex,  
6776 Reisterstown Road, Suite 200,  
Baltimore, MD 21282-2708
- A private business or individual. \*Note:  
Certification is required through CJIS.  
Contact Carolyn Thomas at 410-585-3628  
or Donald Thompson at 410-585-3625.

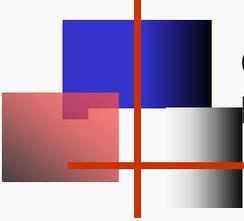
# Fingerprints

CJIS will reject fingerprints if not done properly or readable

<b>REPOSITORY USE ONLY</b> PATTERNS <input type="checkbox"/> INITIALS SEARCH M <input type="checkbox"/> INITIALS ENTRY M <input type="checkbox"/> INITIALS SEARCH MFB <input type="checkbox"/> INITIALS VERIFY MFB <input type="checkbox"/> INITIALS REVIEW MFB <input type="checkbox"/> INITIALS UPDATE M <input type="checkbox"/> INITIALS VERIFY M <input type="checkbox"/> INITIALS FILE <input type="checkbox"/> INITIALS CONDU/DATE <input type="checkbox"/> INITIALS DATE <input type="checkbox"/> INITIALS CONDU/DATE <input type="checkbox"/> INITIALS DATE <input type="checkbox"/> INITIALS		<b>REPOSITORY USE ONLY</b> SID NUMBER OCA NUMBER Certification Signature _____ Date _____ Signature of Person Taking Prints _____ Date _____ I.D. # or Agency ORI & Personnel # _____ SIGNATURE OF APPLICANT _____ DATE _____		<b>APPLICANTS REQUIRED TO MAKE DISCLOSURE MUST complete the Statement below.</b> <b>DISCLOSURE</b> I, _____ (PRINT NAME) hereby declare or affirm under Penalty of Perjury, that I (Check one) → <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT been convicted, received a probation before judgment, received a not criminally responsible disposition, & that I (Check one) → <input type="checkbox"/> AM <input type="checkbox"/> AM NOT the subject of pending criminal charges. I further declare or affirm that I am the applicant whose signature appears below.					
1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE					
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE					
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAU</u>		FIRST NAME		MIDDLE NAME <u>EB</u>	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		D O B <u>00004455Y</u> <b>DPCS-CHILD CARE</b> <b>PIKESVILLE MO</b>		DATE OF BIRTH <u>DOB</u> Month Day Year	
DATE		CITIZENSHIP <u>CTZ</u>		SEX <u>MALE</u>		HAIR <u>BLK</u>	
EMPLOYER AND ADDRESS		TOUR NO <u>OCA</u>		EYES <u>BRN</u>		PLACE OF BIRTH <u>POB</u>	
REASON FINGERPRINTED		FE NO <u>EB</u>		ARMED FORCES NO <u>MNU</u>		CLASS _____	
		SOCIAL SECURITY NO <u>SOC</u>		MISCELLANEOUS NO <u>MNU</u>		REF _____	
						LEAVE BLANK	
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE			
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

Child Care

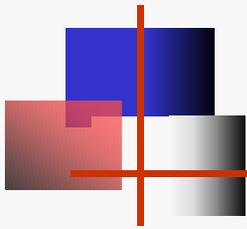


# Submit Application

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- Check for complete and accurate information
- Make a copy or keep a list of the:
  - Employee's name,
  - Social security number, and
  - Application reference number
- Cost for processing is \$42.00 per application

# I've done this before; do I need to do it again?



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- **No**, if your results are on file with the camp employer
  - name of employer on results must be the current camp employer
- **Yes**, if it was done for a different employer
  - if it is less than 180 days, you can use special application, no fingerprints and no cost

STATE OF MARYLAND  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

CUSTOMER ASSISTANCE DESK  
(410) 764-4501



CENTRAL REPOSITORY  
P. O. BOX 32708  
PIKESVILLE, MD 21282-2708

**180 DAY REQUEST FOR CHILD CARE CRIMINAL HISTORY RECORD CHECK**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS \_\_\_\_\_  
(NUMBER) (STREET) (P.O. BOX)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mandatory. Required under MD Code Art. 27 §§ 742-755 and MD Regs. 12.15.01 To verify identity and preserve security of the record.)

REFERENCE NUMBER FROM MOST RECENT CHILD CARE APPLICATION FOR CRIMINAL HISTORY RECORD CHECK (THAT INCLUDED FINGERPRINTS) MUST BE WITHIN THE PAST 180 DAYS.  
\_\_\_\_\_ (12 digit number)

I hereby give my consent for requested Child Care Criminal History Information to be forwarded to the employer listed below.  
SIGNATURE OF EMPLOYEE - \_\_\_\_\_

.....  
TO BE COMPLETED BY NEW EMPLOYER: Please list complete mailing address.

\_\_\_\_\_  
(EMPLOYER NAME)  
\_\_\_\_\_  
(ADDRESS)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

AUTHORIZATION NUMBER: \_\_\_\_\_  
AUTHORIZED SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

.....  
MAIL TO: CJIS CENTRAL REPOSITORY, P.O. BOX 32708, PIKESVILLE, MD. 21282-2708  
.....

**FOR CJIS CENTRAL REPOSITORY USE ONLY**

his request can not be processed because:

- \_\_\_ this is not a valid reference number.
- \_\_\_ this is not a valid authorization number.
- \_\_\_ this reference number has not been received at the Central Repository.
- \_\_\_ this authorization number is not approved for this request.
- \_\_\_ the application associated with this reference number was received before the effective date of October 1, 1996.
- \_\_\_ the application associated with this reference number was received more than 180 days before receipt of this request.
- \_\_\_ requested information is not completed.

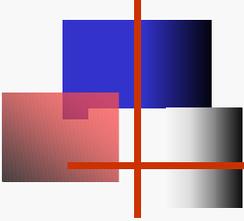
**SEE REVERSE FOR INSTRUCTIONS**

CJIS-013, Revised -10/96

# 180 Day Criminal History Record Check

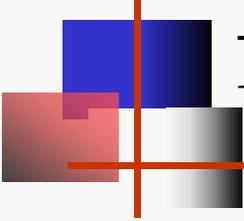
Can only be used when the employee has completed a previous criminal history record check for another child care employer within 180 days

# 180 Day Criminal History Record Check



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- Must receive application within 180 days of CJIS's receipt of the initial request
- There is no cost for processing a 180 day criminal history record check

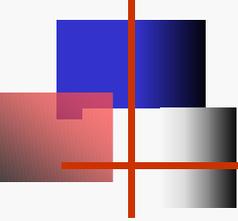


# Criminal History Record Check for Employees under age 18

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- The law does not exclude juveniles and the FBI will now accept cards on juveniles
- CJIS will reject a criminal history record check for a juvenile if a FBI record check is not submitted

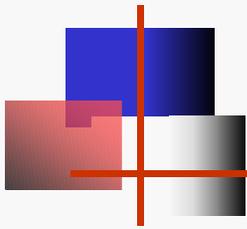
# Criminal History Record Check for Volunteers



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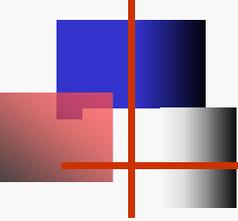
- Not required.
- An employer at a youth camp may ask volunteers to apply.

# Criminal History Record Check for Volunteers



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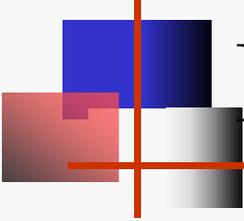
- Write “Childcare/Volunteer” on the FBI form in the "REASON FINGERPRINTED" box.
- Check "STATE AND FBI VOLUNTEER” on the Maryland form
- The total fee is \$36.00



# Employees From Another Country

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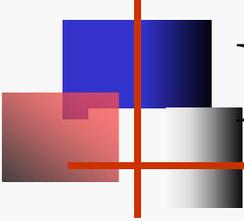
- Required to submit the same application
- Before working with children at the camp



# Results

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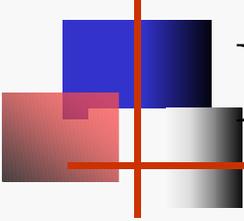
- Acknowledgement card - within 2 weeks
- Maryland criminal history - within 3 weeks
- Federal criminal information - within 8 weeks



# Maryland Criminal History

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- CJIS keeps the name of the employer on record and will notify the employer if the employee is later convicted of a crime in Maryland
- The employee's criminal history record check is kept only for 180 days



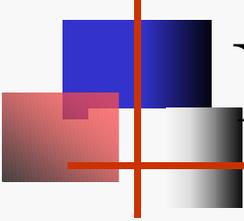
# Federal Criminal Information

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This is a one time check of the FBI's files.

There will be no updates of this information.

Some camps may choose to voluntarily have employees re-do federal checks at intervals specified by the camp.



# Need Help?

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CJIS Customer Assistance Desk  
410-764-4501 or 888-795-0011

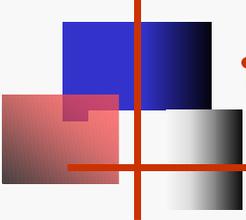


COMAR 10.16.06.23B

# Health Supervision



- A camp health supervisor must be available for consultation at all times when campers are present at a camp.
- A health supervisor is a physician, registered nurse, or nurse practitioner licensed in Maryland.
- When 50 percent or more of the campers have identified medical problems, a MD licensed physician or registered nurse, must be on site at all times when campers are present in a day or residential camp.

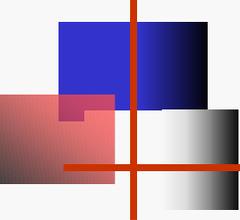


# \*First Aid Staff COMAR 10.16.06.23

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Two adults certified in age appropriate CPR and first aid by a national organization offering certification in CPR and first aid must be on duty in a camp at all times.



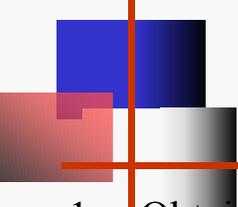


# \*Health Program COMAR 10.16.06.22A

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A health program must be:

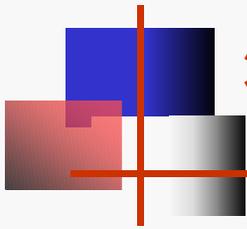
1. Prepared before camp operates.
2. Approved each year, in writing, by a physician, registered nurse, or nurse practitioner licensed in the State of Maryland.
3. Available at the camp.



## \*The health program must include staff procedures for:

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1. Obtaining camper and staff health information.
2. Notifying the camp health supervisor when a camper has an identified medical problem to ensure that there is a plan of action at the camp in case of a medical emergency
3. Disseminating information to staff working with campers having specific health problems.
4. Caring for a camper with an identified medical problem.
5. Maintaining confidentiality regarding all health information on campers and staff.
6. Observing campers each day for easily discernable signs of injury or illness.
7. Handling health emergencies and accidents (Including assigning responsibilities to specific individuals).
8. Using emergency ambulance services and 911 services.
9. Caring for and supervising an injured or ill camper until the camper is returned to the parent, guardian, or the parent's or guardian's designee.
10. Notifying a parent, guardian, or the parent's or guardian's designee when a camper is observed to be injured or ill.
11. Reporting health situation in accordance with regulations .25 and .26 of this chapter.
12. Prevent the spread of an infectious disease using: hand washing procedures, personal protective equipment, personal hygiene, and an exposure control plan.
13. The health supervisor's name, title, phone #, & MD license #.

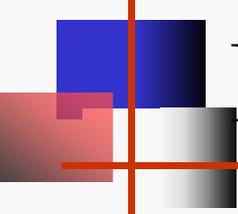


# \*Health Program

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Before working at the camp, each staff member and volunteer must be:

1. Trained in the health program
2. Demonstrate knowledge of the health program procedures.
3. Provided with the opportunity to discuss the procedures and have any question answered by a supervisor
4. Operator must document that the training was provided

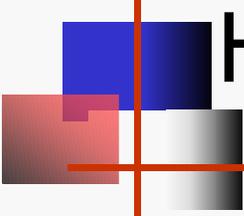


# Health Log

COMAR 10.16.06.24

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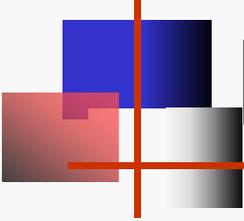
- All injuries, illnesses, and reportable diseases and condition must be kept in the camp health log or a camper's personal health record
- The log lists:
  - Date,
  - Name of camper,
  - Ailment,
  - Treatment prescribed,
  - Name of person administering care.



# Health Log Requirements

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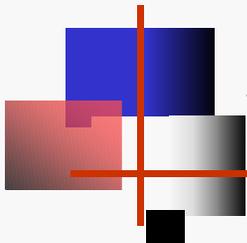
1. Written on lined paper.
2. Maintained in a confidential manner.
3. Stored in a locked compartment.
4. Available at all times for review by the Department.
5. Retained for a period of 5 years.



# Health Log Entries

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1. All entries are recorded in ink.
2. No lines are skipped.
3. Legibly signed by the individual administering care at the camp.
4. A composition notebook or a spiral book must have sequentially numbered pages.



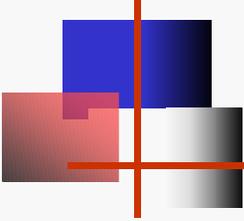
# \*Camper's Health Records COMAR

10.16.06.27

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Each camper must have on file a personal health record that includes:

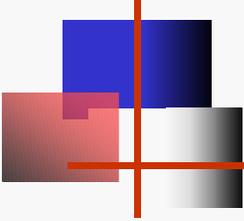
1. Primary provider of medical care
2. Last tetanus immunization date
3. Pertinent information on any health problem including a physical, psychiatric, or behavioral problem.
4. The name and phone number of a parent or legal guardian and at least one additional person to contact in an emergency situation.
5. Documentation of age-appropriate immunizations
6. Documentation of any exemption to prescribed age-appropriate immunizations.



# **Immunizations** COMAR 10.16.06.28

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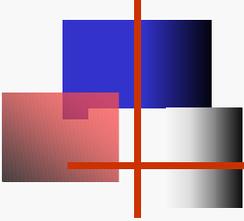
A camper may not be admitted to a camp and a school-age staff member may not work at a camp without the required immunizations.



# Immunization Record

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1. Maryland Immunization Certificate provided by child's physician, or
2. Documentation of enrollment in a MD school, and written parental verification that the child has received all required immunizations.

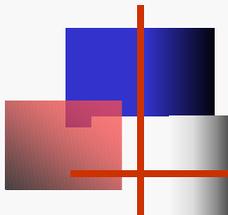


# Immunization Exemptions

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A child may not be excluded from camp if they are exempt from any immunization due to a:

1. Medical reason provided that they have written documentation from their physician, or
2. Religious reason provided there is written documentation from the parent.

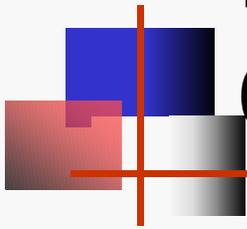


# \* Staff/Volunteer Health Records

COMAR 10.16.06.30

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- The name of the staff member's primary provider of medical care
- Pertinent information on any health problem including a physical, psychiatric, or behavioral problem
- The name and phone number of a person to contact in an emergency
- For staff members/volunteers who are younger than 18 years old:
  1. Documentation of age-appropriate immunizations
  2. Any exemptions to the age-appropriate immunizations

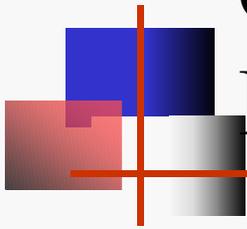


# Exclusion for Acute Illness and Communicable Disease

COMAR 10.16.06.31

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- Monitor a camper for signs and symptoms of acute illness
- Promptly arrange for first aid
- Restrict an affected camper from participating in camp activities
- Provide supervision
- Report an illness and notify camper's guardian that the camper can not remain at camp

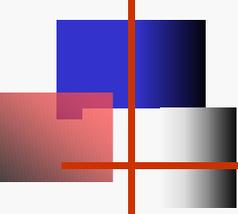


COMAR 10.16.06.32

# HEALTH TREATMENT AREA

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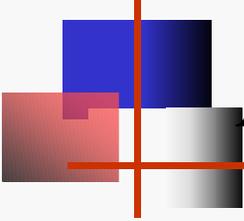
- Maintained within the camp for treatment of sick or injured campers
- Affords privacy, quiet, continual supervision
- Provide protection from the elements
- Equipped with first aid supplies specified by the health supervisor
- Provisions for sanitary hand washing; and
- Residential camps need hot and cold running water, a bathroom with a flush toilet, a hand sink, a shower, an isolation and convalescent area, and exterior lighting.



# NONPRESCRIPTION AND PRESCRIPTION MEDICINE COMAR 10.16.06.33

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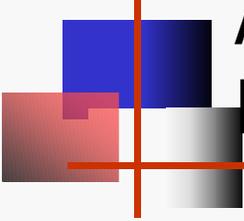
1. Only an individual designated by the health supervisor may administer medications or supervise camper self administration;
2. When the health supervisor is a physician, a nonprescription or prescription medicine is administered only by an individual who is:
  - a) Delegated the authority to administer medicine by the physician; and
  - b) Trained to administer medicine under the direction or the physician.
3. When the health supervisor is a registered nurse or certified nurse practitioner, a nonprescription or prescription medicine is administered only by an individual who is:
  - a) Delegated the authority to administer medicine by the registered nurse or certified nurse practitioner; and
  - b) Appropriately certified or registered by the Maryland Board of Nursing for the delegated nursing duty pursuant to Health Occupations Article, §§8-6A-01 – 8-6A-16, Annotated Code of Maryland, and COMAR 10.39.01 and 10.39.03. (*requires a certified medicine aide or medication assistant*)



# A Camper Self-Administers Medicines

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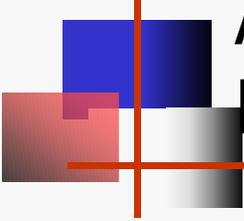
1. The parent or guardian provides written authorization for the camper to self-administer medicine;
2. The health supervisor designates an adult staff member or volunteer to supervise; and
3. The designated adult staff member or volunteer supervises the self-administration.



# A Staff Member Administers or Self Administration of a Nonprescription or Prescription Medicine

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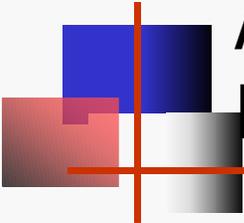
- Written authorization for the administration of the medicine is obtained from the parent which includes:
  - a) The camper's name
  - b) The parent's or guardian's signature
  - c) The date signed
  - d) The medicine name
  - e) The reason for the medicine; and
  - f) Documentation that a least one dose of a prescription medicine was given to the camper at home



# A Staff Member Administers or Self Administration of a Nonprescription or Prescription Medicine

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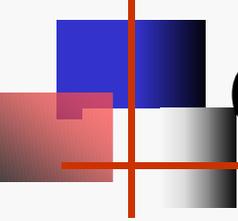
1. Prescription medication is kept in the original container bearing a pharmacy label showing the:
  - prescription number,
  - date filled, prescribing physician's name,
  - name of medication,
  - directions for use,
  - and the patient's name
2. Nonprescription medicines kept in the original container that includes the directions for use.
3. Medicine is given to the camper from the original container;
4. Ensure that a staff member distributing medication knows side effects and toxic effects of the medication. Keep daily records of distribution
5. Keep medication in a locked storage compartment under proper storage conditions.
6. At least one dose of a prescription medicine is given to the camper at home before the camper takes a medicine at camp.



# A Staff Member Administers or Self Administration of a Nonprescription or Prescription Medicine

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7. Except for acetaminophen and topical medicines, only one dose of a nonprescription medicine is given unless the child's health practitioner approves an additional dose in writing
8. The staff member documents in the campers' personal health record or the camp health log the:
  - a. Amount of medicine administered
  - b. Date and time of administration
  - c. Name of the individual who administered the medicine or supervised the camper's self-administering
  - d. Final disposition of the medicine
9. Medicine is returned to the parent or guardian or destroyed:
  - a. At the the end of the camping session; or
  - b. When it is no longer needed



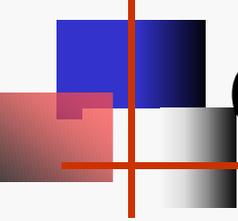
# **\* EMERGENCY PROCEDURES**

## **COMAR 10.16.06.34**

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Written emergency plan that includes procedures for the camp staff members to:

1. Ensure camper safety during natural disasters, severe weather, and other emergencies;
2. Evacuate campers from the camp
3. Account for campers and locate a missing camper;
4. Use fire, rescue, police, and 911 services;
5. Ensure emergency transportation;
6. Notify the camper's parent or guardian; and
7. Ensure camper safety until the camper's parent guardian, or parent's or guardian's designee picks up the camper

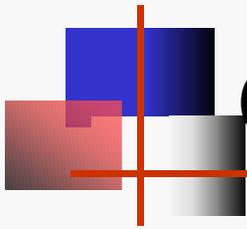


# \* EMERGENCY PROCEDURES

## COMAR 10.16.06.34

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1. A telephone or alternate means of communication is provided to:
  - a) Summon promptly emergency fire and rescue services; and
  - b) Receive emergency communications
2. A drill in emergency procedures is conducted early in each session and a written record is maintained of the drill.
3. At least one adult staff member and one counselor or assistant counselor are present so that in the event of an emergency:
  - a) One staff member remains with an injured camper; and
  - b) The other summons emergency assistance immediately; and
4. During severe weather, adequate shelter is provided for the campers and camp staff members.

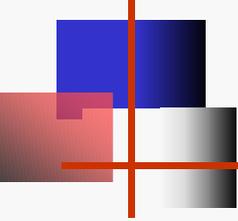


# **\* EMERGENCY PROCEDURES**

## **COMAR 10.16.06.34**

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- An operator shall ensure that:
  1. Before working at the camp, each staff member or volunteer:
    - a. Is trained in the emergency plan;
    - b. Demonstrates knowledge of emergency procedures; and
    - c. Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor;
  2. Documentation is kept on file that, before working at the camp, each staff member or volunteer received the training;
  3. A staff members or volunteer conducts emergency procedures according to the emergency plan

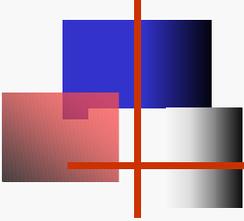


# Child Abuse

COMAR 10.16.06.35

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- The operator shall ensure that child abuse allegations or incidents are reported as prescribed in Family Law Article, Sec. 5-704 and 5-705, Annotated Code of Maryland.
- Report to the local Child Protective Services Unit in the jurisdiction where the incident allegedly took place



# Child Abuse

COMAR 10.16.06.35

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- File written report within 48 hours of verbal report
- Camp should have a written reporting procedure in place that all camp staff follow.

# Child Abuse Report Form

State of Maryland-Child Protective Services REPORT OF SUSPECTED CHILD ABUSE/NEGLECT <small>(see instructions on reverse side)</small>					
1. NAME OF LOCAL DEPARTMENT BEING NOTIFIED		ADDRESS		ZIP	
2. PERSON MAKING REPORT (Name)			3. POSITION/TITLE		
4. NAME OF DEPARTMENT/ORGANIZATION		ADDRESS		ZIP	
				5. TELEPHONE	
6. TYPE OF REFERRAL					
<input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> SEXUAL ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/> MENTAL INJURY-ABUSE <input type="checkbox"/> MENTAL INJURY-NEGLECT					
7. NAME OF CHILD			8. SEX	9. BIRTH DATE	10. RACE
11. ADDRESS (Where Child Can Be Seen)		CITY	STATE	ZIP	12. GRADE
					13. SCHOOL
14. NAME OF PERSON RESPONSIBLE FOR CHILDS CARE		14A. AGE/D.O.B.	14B. ADDRESS		14C. TELEPHONE
PARENTS/GUARDIAN		AGE/D.O.B.	ADDRESS		TELEPHONE
MOTHER:					
FATHER:					
GUARDIAN (Specify Relation):					
15. NAME OF SUSPECTED ABUSER/NEGLECTOR		16. RELATION	17. AGE/D.O.B.	18. ADDRESS	19. TELEPHONE
20. STATE NATURE EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION. EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW REPORTER KNOWS INFORMATION.					
21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILDREN/OTHER CHILDREN IN THE FAMILY INCLUDING PREVIOUS ACTION TAKEN. HOW DOES THE REPORTER KNOW THIS INFORMATION?					
22. DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY TO DISCLOSURE. HOW DOES THE REPORTER KNOW THIS INFORMATION?					
23. STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.					
24. ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ACCUSED ABUSER?			25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY?		26. IF YES TO EITHER DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPER
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
27. SIGNATURE OF PERSON REPORTING			DATE	28. DATE / HOUR / ORAL CONTACT IN LDSS	
29. REPORT TAKEN		30. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE			
<input type="checkbox"/> Yes <input type="checkbox"/> No					

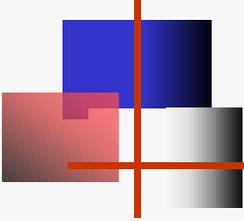
DHR/SSA 180 (5/98) Previous editions are obsolete

White-LDSS Copy    Yellow-LDSS Copy    Pink-States Attorney Copy (Child abuse only)    Reporter Copy

# COMAR 10.16.06.47-.51

## Specialized Activities





# \*Specialized Activities

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The specialized activities according to COMAR10.16.06 are:

.20 Aquatics (swimming, boating, canoeing, sailing)

.21 Riflery

.22 Archery

.23 Horseback Riding

.24 Other Specialized Activities including: Adventure camps, Artistic Gymnastics, Hang Gliding, Road Cycling, Skiing, Rock climbing, Spelunking, Motorized Vehicle activities, Rappelling, High Ropes

# \* All Specialized Activities

## Require the following

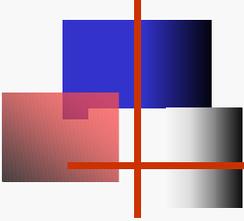
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- A director or director's designee present at the camp or at the activity site.
- An instructor present at the activity(excluding recreational swimming).
- A written safety plan.
- All campers to be instructed in safety procedures.
- A minimum of 1 staff to 10 campers.

# \*Director

- A director or director's designee must be present at all specialized activities.





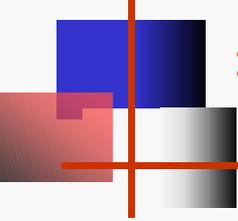
# \* Director

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COMAR 10.16.06.02 defines a camp director as an individual who:

1. Is at least 21 years old
2. Possesses at least 24 weeks of previous experience in a camping or children's program as an administrator or a supervisor; and
3. Holds the primary overall responsibility of the administration of camp program operations and support services.

*\*A director's designee is at least 21 years old, has supervisory experience, and must be present at the activity.*

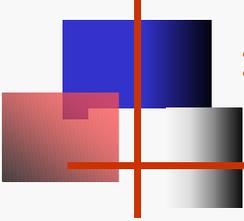


# \*Instructor

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COMAR 10.16.06.03 defines an instructor as a person who is:

- At least 18 years old
- Has documented experience indicating knowledge and skill in teaching and supervision specific to the activity
- Possesses written proof of formal training and experience

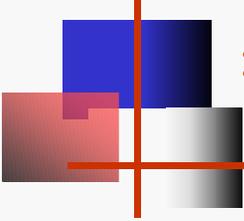


# \*Instructor

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Written Proof includes:

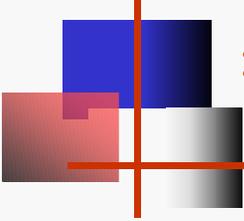
1. An instructor's certificate
2. A transcript
3. A certificate of proficiency
4. A letter of reference from a national organization, school or a certified instructor



## \* Safety Plan

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- Must be written by the instructor/director specific to the activity
  - All campers must be instructed in the safety procedures prior to the activity
  - All staff and campers must follow safety rules or be excluded from activity
- \*(example: wearing helmets while riding bicycles)

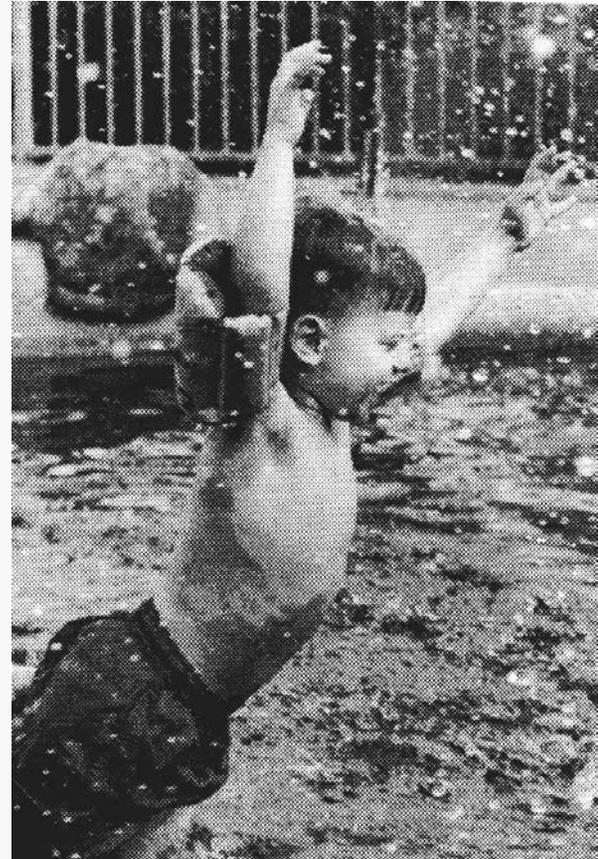


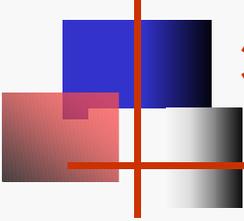
# \*Swimming

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## General Requirements:

1. Director must be present
2. swimmers are evaluated and classified as to swimming ability
3. safety system is in effect that allows guard to account quickly for all campers





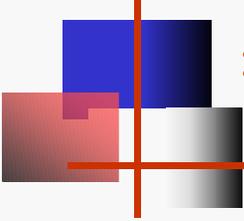
# \*Swimming

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## Emergency and First Aid Requirements:

1. Post emergency procedures & phone numbers
2. Provide first aid and rescue equipment

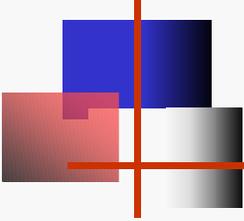




# \*Swimming Staff Requirements

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1. An instructor is required if swim lessons are provided
2. Minimum staff requirements:
  - one lifeguard per 50 swimmers
  - one designated watcher per 25 swimmers
  - two individuals with CPR and First Aid
  - one counselor for each 10 swimmers

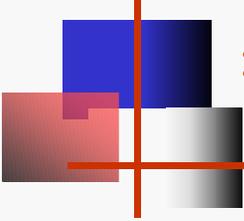


# Pools/Bathing Beaches

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- What is a safe and acceptable way to offer water activities for your camp?
- Why portable play pools are a biological/microbe hazard.
- How can I tell if the pool/bathing beach is approved and permitted by the local health department?





# \*Swimming

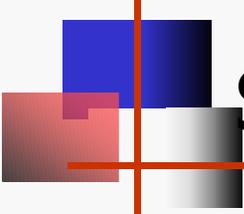
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## Pool Facility:

A licensed pool meeting the requirements of COMAR 10.17.01

## Bathing Beach:

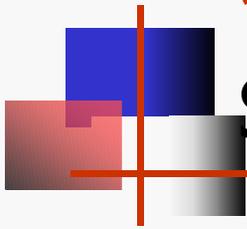
Natural Bathing Beach must be permitted under COMAR 26.08.09



# \*Specialized Activity and Camp Trip Safety COMAR 10.16.06.52

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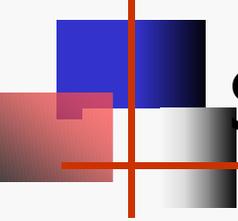
- Safety Plan. An operator shall ensure that a written safety plan:
  1. Is prepared for each specialized activity, specialized activity location, and trip before a camper participates in a specialized or embarks on a trip
  2. Defines and addresses the potential health and safety risks for each specialized activity and trip
  3. Identifies camp staff members' qualifications and responsibilities for each specialized activity and trip
  4. Includes operating procedures for:
    - a) Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in an activity or embarks on a trip
    - b) Obtaining written authorization from a child's parent or guardian before the child participates in an activity or embarks on a trip
    - c) Participation eligibility requirements
    - d) Supervision requirements including camper to staff member ratios
    - e) Safety rules, standards, and practices; and
    - f) Equipment use, maintenance, and storage



## \*Specialized Activity and Camp Trip Safety COMAR 10.16.06.52

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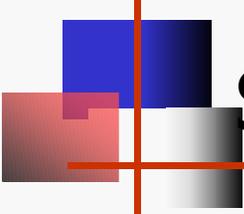
5. When an activity occurs off the camp premises, includes procedures for:
  - a) Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained
  - b) Emergency communication
  - c) Designating a contact person; and
  - d) Attendance



# \*Specialized Activity and Camp Trip Safety COMAR 10.16.06.52

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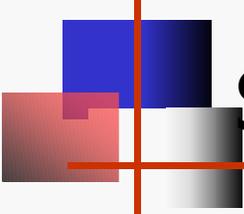
- Camp Trip
  1. Staff Members. An operator shall ensure that on a camp trip:
    - a) A director is present; and
    - b) One adult staff member or adult volunteer is on duty and supervising the campers for each group of ten campers or fraction of ten campers
  2. An operator shall ensure that the camp's contact person maintains trip information including:
    - a) A roster of participants
    - b) Departure and return times
    - c) Attendance during the:
      - i. Departure
      - ii. Activity; and
      - iii. Return
    - d) An itinerary
    - e) The route taken; and
    - f) Inclement weather plans



# \*Specialized Activity and Camp Trip Safety COMAR 10.16.06.52

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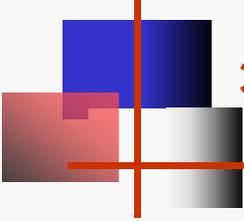
- Specialized Activity and Camp Trip Safety Training. An operator shall ensure that:
  1. Before working at the scamp's specialized activity or participating in a trip, each staff member or volunteer:
    - a) Is trained in the camp's safety plan
    - b) Demonstrates knowledge of the cam's safety plan; and
    - c) Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor; and
  2. Documentation is kept on file that each staff member or volunteer received the training required in section C(1) of this regulation



# \*Specialized Activity and Camp Trip Safety COMAR 10.16.06.52

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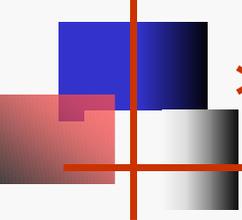
- Specialized Activity and Camp Trip Safety Procedures. An operator shall ensure that:
  1. A camper is instructed in safety procedures and the use of protective equipment
  2. A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity or camp trip; and
  3. The specialized activity or trip is conducted according to the safety plan



# \*Transportation COMAR 10.16.06.53

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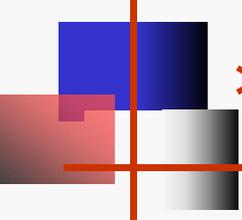
- When a camper, staff member, or volunteer is transported, an operator shall ensure that:
  1. Transportation is provided according to applicable State law
  2. A transportation safety plan is developed and implemented that includes:
    - a) Transportation safety rules, standards, and practices
    - b) Supervision requirements including camper to staff ratios
    - c) Emergency transportation services; and
    - d) Severe weather procedures
  3. Before the camp uses transportation, each staff member or volunteer involved in the transportation and each transportation service provider or driver:
    - a) Is trained in the camp's transportation safety plan
    - b) Demonstrates knowledge of the camp's transportation plan; and
    - c) Is provided with the opportunity to discuss the procedures and have questions answered by a supervisor



# \*Transportation COMAR 10.16.06.53

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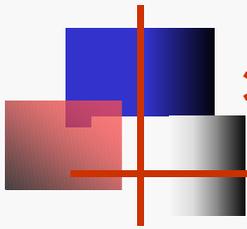
4. Documentation is kept on file that each staff member or volunteer received the required training required in section A(3) of this regulation
5. A camper, staff member, or volunteer is provided with and uses transportation safety equipment
6. The driver of a vehicle is:
  - a) An adult; and
  - b) Licensed according to applicable State law
7. The number of occupants in a vehicle does not exceed the vehicle manufacturer's seating capacity
8. Before a camper is transported, written authorization from a camper's parent or guardian is obtained; and
9. Vehicular traffic is controlled on the campsite



# \*Transportation COMAR 10.16.06.53

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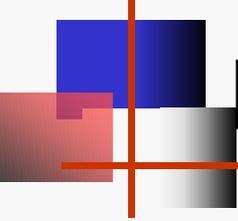
- When the camp operator provides or arranges camper transportation to camp, from camp, or to and from camp, the operator shall:
  1. Ensure that a director is available for consultation
  2. Provide written information to the camper's parent or guardian the includes the:
    - a) Camper's pick-up time and designated pick-up location
    - b) Camper's drop-off time and designated drop-off location
    - c) Camp's pick-up and drop-off safety procedures
    - d) Camp's policy concerning the camp's responsibility for supervising a camper when the camper is picked up, dropped off, and transported
  3. Obtain a written agreement from the camper's parent or guardian concerning the parent's or guardian's responsibility for supervising a camper before the camper is picked up and after the camper is dropped off; and
  4. In addition to the driver, ensure that on assistant counselor or adult is on duty and supervising the camper when there are ten or more campers in a vehicle



## \*Transportation COMAR 10.16.06.53

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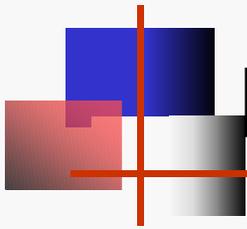
- An operator may not transport a camper in a
  1. Non-passenger vehicle; or
  2. An individual's car without obtaining written authorization from the:
    - a) Camper's parent or guardian; and
    - b) Owner of the vehicle



# \*Supervision of Campers During a Routine Activities COMAR 10.16.06.54

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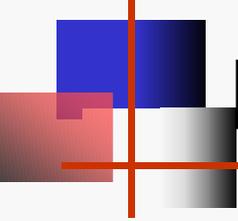
- A camp director is available for consultation at all times when campers are present at a camp
- For campers who are 3 ½ to 5 years old:
  1. When there are one to eight campers, one adult is on duty and supervising the camper or campers
  2. When there are nine to 16 campers, on duty and supervising the campers are:
    - a) One adult; and
    - b) A second staff member who is an assistant counselor or adult
  3. When there are 17 to 24 campers, on duty and supervising the campers are:
    - a) One adult; and
    - b) Two additional staff members who are assistant counselors or adults; and
  4. A group does not exceed 24 campers



## \*Supervision of Campers During a Routine Activities COMAR 10.16.06.54

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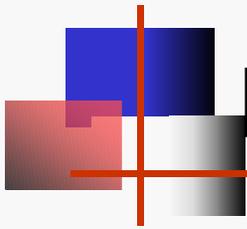
- For campers who are 6 to 10 years old:
  1. When there are one to 15 campers, one adult is on duty and supervising the campers
  2. When there are 16 to 30 campers, on duty and supervising the campers are:
    - a) One adult and two assistant counselors; or
    - b) Two adults
  3. A group does not exceed 30 campers



# \*Supervision of Campers During a Routine Activities COMAR 10.16.06.54

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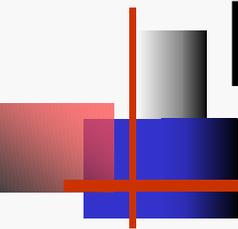
- For campers who are 11 years old or older
  1. When there are one to 15 campers, one adult is on duty and supervising the campers
  2. When there are 16 to 30 campers, on duty and supervising the campers;
    - a) One adult and two assistant counselors; or
    - b) Two adults
  3. When there are 31 to 40 campers, on duty and supervising the campers are:
    - a) Two adult and two assistant counselors; or
    - b) Three adults; and
  4. A group does not exceed 40 campers



## \*Supervision of Campers During a Routine Activities COMAR 10.16.06.54

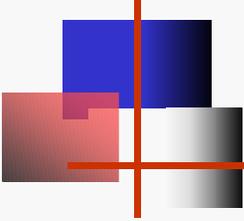
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- When a camper who is 3 ½ to 5 years old is grouped together with older campers, supervision is provided as required in section B of this regulation; and
- When a camper who is 6 to 10 years old is grouped together with older campers, supervision is provided as required in section C of this regulation



# REPORTING REQUIREMENTS

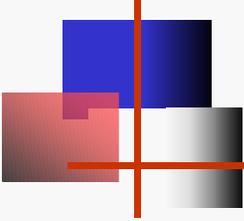
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# Introduction

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- What information needs to be reported by Youth Camps?
- Who needs to report the information?
- When is the information to be reported?
- To where does the information need to be reported?



# Topics of Discussion

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- Annual Report
- Reportable Diseases
- Injury or illness
- Medical Report Form
- Child abuse

# Governor's Youth Camp Safety Advisory Council's Annual Report

COMAR 10.16.06.06  
requires a youth  
camp to file an  
annual report each  
year the camp  
operates.  
Certificate will not  
be issued until  
Annual Report is  
received.

Youth Camp Safety Advisory Council  
Annual Report for 2001

Maryland Department of Health & Mental Hygiene  
CFFCHS/Division of Community Services  
6 St. Paul Street, Suite 1301, Baltimore, MD 21202-1608  
Phone (410) 767-8417, Toll Free 1-877-4MD-DHMH, Fax (410) 333-8926

- Maryland youth camp regulation, COMAR 10.16.06.04, requires a youth camp operator to file an annual report with the Youth Camp Safety Advisory Council. **At the end of your camping season**, please complete the information below and submit the completed form to the Department of Health and Mental Hygiene (DHMH) at the above address or fax number.
- If you do not submit an annual report by December 31 of each calendar year that you operate a camp, you are in violation of the Certification for Youth Camp Regulations, COMAR 10.16.06.04. **When an operator does not correct a violation, DHMH may take appropriate legal action including denying, suspending, or revoking a certificate.**

→ Camp Name \_\_\_\_\_ Certificate # \_\_\_\_\_

→ Camp Address \_\_\_\_\_

→ Complete the following chart with the understanding that a camp may have a one-session camping season or several shorter sessions.

Session	Session Dates	# of Campers	# of Staff
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

→ Total number of **DIFFERENT** campers served during all sessions: \_\_\_\_\_

→ Total number of injuries, illnesses, and fatalities requiring care by a physician, dentist, or nurse and as a result of which the camper is treated at or admitted to a medical facility, has a laboratory analysis performed, or undergoes an x-ray.

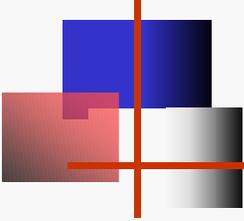
Injuries: \_\_\_\_\_ Illnesses: \_\_\_\_\_ Fatalities: \_\_\_\_\_

→ Was a medical report form filed for each injury, illness or fatality noted above?  
( ) YES ( ) NO

If no, submit a completed report to the DHMH at the above address removing the victim's name and other personal identifiers from the completed form before submitting.

→ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

→ Printed Name and Title of Person Completing this Form \_\_\_\_\_



# Annual Report

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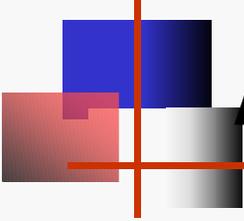
Youth Camp Operators shall file an annual report  
within 2 weeks of the end of camp to:

Governor's Youth Camp Safety Advisory Council

DHMH – Division of Community Services

6 St. Paul Street, Suite 1301

Baltimore, MD 21202



# ANNUAL REPORT

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The report must include:

- The number of campers that attended camp during the past calendar year
- Number of serious injuries and illnesses

# List of Reportable Diseases

Maryland Department of Health and Mental Hygiene  
Epidemiology and Disease Control Program  
April 1995

The Annotated Code of Maryland, Health - General Article §18-201, and the Code of Maryland Regulations (COMAR) 10.06.01, Communicable Diseases, require the reporting of the following confirmed or suspected diseases and conditions:

## Reportable Diseases and Conditions

Acquired immunodeficiency syndrome (AIDS) and symptomatic HIV infection	Legionellosis	* Poliomyelitis
Amebiasis	Leprosy	Psittacosis
* Animal bites	Leptospirosis	* Rabies
* Anthrax	Lyme Disease	Rocky Mountain spotted fever
* Botulism	Malaria	* Rubella (German measles) and congenital rubella syndrome
Brucellosis	* Measles (rubeola)	Salmonellosis
Chancroid	Meningitis (viral, bacterial, parasitic, and fungal)	Septicemia in newborns
* Cholera	* Meningococcal disease	Shigellosis
* Diphtheria	Mumps (infectious parotitis)	Syphilis
Encephalitis	Mycobacteriosis, other than tuberculosis and leprosy	Tetanus
Gonococcal infection	* Pertussis	Trichinosis
* Haemophilus influenzae type b invasive disease	Pertussis vaccine adverse reactions	Tuberculosis
Hepatitis, viral (A, B, non-A/non-B, delta, undetermined)	* Plague	Tularemia
Kawasaki syndrome		* Typhoid fever

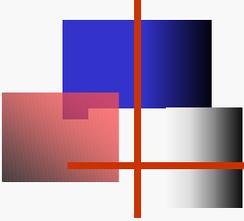
## Other Reportable Diseases and Conditions:

- A single case of a disease not included in the list above, of known or unknown etiology that may be a danger to the public health.
- Unusual manifestation (s) of a communicable disease.
- An outbreak of a disease of known or unknown etiology that may be a danger to the public health is reportable immediately by telephone.

\* Reportable immediately by telephone.

Providers shall report within 48 hours of diagnosis or suspected diagnosis using the Maryland Confidential Morbidity Report (DHMH- 1140), or immediately by telephone for outbreaks or diseases noted with asterisks (\*) on the list above. All information, as prescribed on the form, should be completed and mailed in a sealed envelope to the local health department (see reverse side for local health departments' addresses and telephone numbers). These reports are confidential and are retained in the custody and control of the Maryland Department of Health and Mental Hygiene. Physicians failing to comply can be found guilty of a criminal offense and may be fined, be subject to malpractice suits, or actions against their licenses.

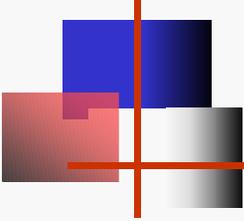
Local and State health departments offer epidemiologic assistance, services in management of infectious diseases, and diagnostic laboratory testing at the State Laboratory. Please contact your local health department for assistance or call the Epidemiology and Disease Control Program at (410) 767-6700.



# Reportable Disease

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- An outbreak of an illness or a condition that is required to be reported under COMAR 10.06.01, is reported as specified in COMAR 10.06.01 and:
  1. Immediately to the health supervisor and the camper's parent or guardian;
  2. Verbally to the Department within 24 hours; and
  3. To the Department within 1 week of the incident on a form that meets the requirements of COMAR 10.16.06.26.

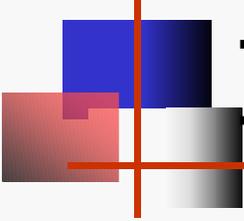


# Injury or Illness

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An operator shall ensure that any injury or illness which results in death or which requires resuscitation or admission to a hospital is reported:

1. Immediately to the health supervisor and the camper's parent or guardian;
2. Verbally to the Department within 24 hours - 410-767-8417
3. To the Department within 1 week of the incident, on a form that meets the requirements of COMAR 10.16.06.26.



# Injury Or Illness

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- An injury or illness that requires care by a physician, dentist, or nurse and results in the camper being treated at a medical facility, having a laboratory analysis performed, or undergoing an x-ray, is reported:
  1. Immediately to the health supervisor and the camper's parent or guardian; and
  2. To the Department within 2 weeks of the end of camp on a form that meets the requirements of COMAR 10.16.06.26

# Medical Report Form

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
YOUTH CAMP MEDICAL REPORT FORM

1. Today's date \_\_\_\_\_ 2. Camp Name \_\_\_\_\_ 3. Camp Certification Number \_\_\_\_\_ 4. County \_\_\_\_\_

6. Camp Address \_\_\_\_\_

7. Victim's Age: \_\_\_\_\_ 8. Sex:  M  F 9. Date of Occurrence: \_\_\_\_\_ day \_\_\_\_\_ mo. \_\_\_\_\_ Yr.

10. Briefly describe the accident and subsequent injury or illness: \_\_\_\_\_

### INJURIES

11. Location of the incident causing the injury.

- 01 Sleeping/Living quarters
- 02 Kitchen/Dining area
- 03 Shower/Toilet
- 04 Other building
- 05 Arts or Crafts area
- 06 Trail or Nature area
- 07 Archery area
- 08 Riflery area
- 09 Swimming area
- 10 Boating area
- 11 Horseback area
- 12 Sport or Recreational Field or Court
- 13 Campfire/Cookout area
- 14 Road/Highway
- 15 General Campgrounds
- 16 Primitive/Outposts Camp
- 17 Other (specify) \_\_\_\_\_

12. What type of event caused the injury?

- 01 Falling/Stumbling
- 02 Collision with person or object
- 03 Struck by another person
- 04 Struck by missile
- 05 Drowning or near drowning
- 06 Bite or sting by insect or spider
- 07 Bite or wound inflicted by animal
- 08 Contact with excessive heat or flame
- 09 Using a tool (including a cutting instrument)
- 10 Contact with sharp object other than a tool
- 11 Other (Specify) \_\_\_\_\_

13. Activities at the time of the incident causing injury.

Supervised:

- 01 Arts & Crafts
- 02 Archery/Riflery
- 03 Horseback Riding
- 04 Swimming
- 05 Boating/Canoeing
- 06 Hiking/Climbing
- 07 Competitive Sports/Games (Specify) \_\_\_\_\_
- 08 Other (Specify) \_\_\_\_\_

Unsupervised:

- 09 Fighting
- 10 Horseplay
- 11 Walking/Running
- 12 Other (Specify) \_\_\_\_\_

14. Injury Data (Check one box for each body part injured)

Body Part	head/neck	eye	upper limb	lower limb	torso	other/unk
bruise	1 <input type="checkbox"/>	<input type="checkbox"/>				
burn	2 <input type="checkbox"/>	<input type="checkbox"/>				
fracture	3 <input type="checkbox"/>	<input type="checkbox"/>				
cut/puncture	4 <input type="checkbox"/>	<input type="checkbox"/>				
sprain/dislocation	5 <input type="checkbox"/>	<input type="checkbox"/>				
other/unknown	6 <input type="checkbox"/>	<input type="checkbox"/>				

15. Was safety equipment available for the camper's use?

1  yes 2  no 3  N/A

If yes, was the camper using the equipment properly at the time of the accident?

1  yes 2  no

### ILLNESSES

16. Diagnosis (Check no more than one)

A. Infectious or inflammatory disease

- 01 Respiratory infection
- 02 Gastroenteritis (diarrhea, vomiting)
- 03 Dental (toothache, gum abscess, etc.)
- 04 Ear ache or ear infection
- 05 Appendicitis
- 06 Miscellaneous/Other (Specify) \_\_\_\_\_

B. Allergic diseases (asthma, pollen, foods, etc.)  (Specify) \_\_\_\_\_

C. Toxic disease (insect bites, poisoning, drug use, etc.)  (Specify) \_\_\_\_\_

D. Other conditions not listed in A, B, or C – Include the pertinent signs and symptoms.

- 01 Psychological disorders – Especially homesickness
- 02 Undiagnosed conditions – Fever of unknown cause, fainting, etc.
- 03 Miscellaneous disorders/Other – Nose bleeds, indigestion, etc.

Signs and symptoms, if applicable: \_\_\_\_\_

### GENERAL INFORMATION

17. What treatment was given? (check one)

- 01 No treatment
- 02 Antiseptic/Antibiotic
- 03 Anti-inflammatory/Analgesic
- 04 Supportive (bed rest, physiotherapy)
- 05 Gastrointestinal (antacid, laxative)
- 06 Antihistamine/Decongestant
- 07 Psychotropics (tranquilizers, etc.)
- 08 Other (Specify) \_\_\_\_\_

18. Where treated?

- 01 No treatment given
- 02 Treated in Camp Infirmary or First Aid Station
- 03 Treated in Hospital Emergency Room, Clinic Physician's Office
- 04 Admitted to hospital
- 05 Other (Specify) \_\_\_\_\_

19. Who made the diagnosis:

- 01 Physician
- 02 Nurse
- 03 Other (Specify) \_\_\_\_\_

20. Disposition:

- 01 Complete recovery
- 02 Temporary disability
- 03 Permanent disability
- 04 Unknown
- 05 Fatal

21. Was the camper sent home as a result of this injury?

1  yes 2  no

22. Did camper have positive lab tests or x-rays?

1  yes 2  no

23. Were any changes made in the camp, its environment, or its operation as a result of this illness or injury?

1  yes 2  no 3  N/A

If yes, what change? (check no more than three)

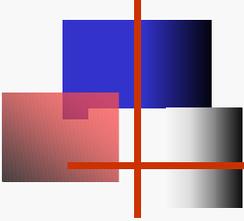
- 01 Restricted camper
- 02 Insects sprayed
- 03 Poison ivy/oak destroyed
- 04 Individual isolated
- 05 Rest periods increased
- 06 Supervision
- 07 Rules changed or added
- 08 Camp Area(s) restricted
- 09 Bunks rearranged
- 10 Use of disinfectants increased
- 11 Miscellaneous/other
- 12 Repairs or improvements

Completed by \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

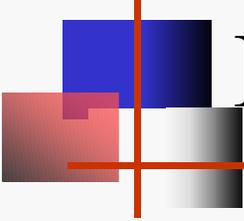
Phone # (where you can be reached for further information) \_\_\_\_\_



# Medical Report Form

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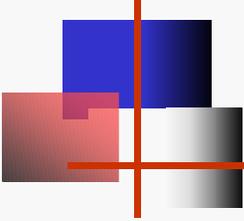
- Operator shall ensure that a medical form is completed in duplicate for each injury, illness or fatality which requires care by a physician, dentist, or nurse and as a result of which the camper is treated at or admitted to a medical facility, has a laboratory analysis performed, or undergoes an X-ray
- Forward a copy to the Youth Camp Safety Advisory Council with the annual report
- Also, keep the original for at least 3 years



# Facility Code Requirements

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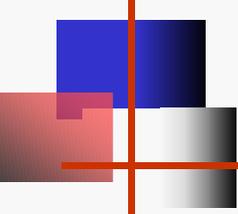
- Food Permit
- Fire Safety
- Water Supply
- Sewage Disposal
- Plumbing
- Electrical



# \*Food

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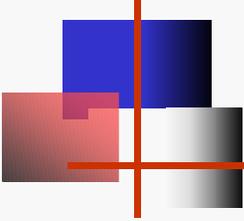
- What is a potentially hazardous food?
- What temperatures are safe and unsafe for camper's lunches?
- Ice Chest or Refrigerator
- Who needs a Food Service Facility Permit?



# \*Fire Safety

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- COMAR 10.16.06.46A requires a fire safety inspection from the State or local fire authority to confirm compliance with State or local fire safety codes.
- DHMH sends letter to Fire Marshal's Office requesting the inspection except in Montgomery Co. and new camps in Anne Arundel Co.

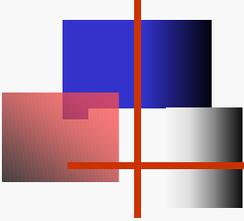


# \*Fire Safety

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The camp operator:

- Maintains a Copy of Fire Safety Report
- Posts the Evacuation Plan
- Practices and Documents a Drill Each Session



# \*Water Supply

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- Type: Public or Private    What do I have?
- Public water is typically found in urban locations.    Is your camp in a city/town. Does the building's owner receive a water bill?
- Private water is typically found in more rural locations.    Annual Water Sampling

# \* Water Supply

- What documentation does DHMH look for to verify that the drinking water is safe?

## HEALTH & SAFETY REPORT FORM FOR YOUTH CAMPS USING PUBLIC BUILDINGS & NONPUBLIC SCHOOLS

Department of Health & Mental Hygiene  
DIVISION OF COMMUNITY SERVICES  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 Fax (410) 333-8926  
Toll Free 1-877-4HD-DHMH ext.8417

### I. CAMP OPERATOR

If your youth camp is operating at a building that is owned by the State or a local government and used by the public more than 170 days, or is owned and operated as a nonpublic school and used as a school for more than 170 days, complete the information in this section and forward this form to the building owner or the building owner's authorized representative.

CAMP OPERATOR NAME		PHONE	
CAMP NAME			
MAILING ADDRESS		SITE ADDRESS	
CITY	STATE	ZIP	ZIP

### II. BUILDING OWNER

This facility is seeking a youth camp certificate or letter of compliance from the Department of Health and Mental Hygiene, Division of Community Services. Please complete the information below, and return the form to the camp operator listed above.

The water supply is adequate, easily accessible to the campers, of a safe and sanitary quality and from an approved water supply system which is constructed, protected, operated and maintained in conformance with applicable State codes and local subdivision ordinances.

The sewage disposal system is installed, operated, and maintained in conformance with applicable State codes and local subdivision ordinances.

The plumbing at this building is installed, protected and maintained in conformance with applicable State codes and local subdivision ordinances.

The electrical system at this building is installed and maintained in conformance with applicable State codes and local subdivision ordinances.

The building is constructed and maintained in conformance with all fire and safety code requirements and is approved by the State or county fire authority.

The camp operator should be aware of the following problems:

Water Supply: \_\_\_\_\_

Sewage Disposal: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Electrical: \_\_\_\_\_

Fire Safety: \_\_\_\_\_

BUILDING OFFICIAL'S SIGNATURE	TITLE	DATE	PHONE
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DCS (N/12)

## REQUEST FOR LOCAL HEALTH DEPARTMENT APPROVAL FOR YOUTH CAMP SITES HAVING AN ON-SITE WELL, SEWAGE DISPOSAL, PORTABLE TOILETS, OR A PRIVY

Department of Health & Mental Hygiene  
DIVISION OF COMMUNITY SERVICES  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 Fax (410) 333-8926  
Toll Free 1-877-4HD-DHMH ext.8417

### ● CAMP OPERATOR

If your youth camp facility has an on-site water supply and/or sewage disposal system, annual approval from the local environmental health department is required. Complete the information in this section and forward the form, 30 days before the camp operates, to the appropriate local environmental health department on page 2.

CAMP OPERATOR NAME		PHONE		FAX	
CAMP NAME		DATES OF OPERATION		CAMP OCCUPANCY	
MAILING ADDRESS			SITE ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

Do not use this form, when the camp building is owned by the State or a local government, school, or park, and used by the public more than 170 days per year. Use the Health & Safety Report Form for Youth Camps using Public Buildings & Nonpublic Schools enclosed in the application package.

### ● LOCAL HEALTH DEPARTMENT

The operator is seeking a youth camp certificate or letter of compliance from the Department of Health and Mental Hygiene, Division of Community Services for the above referenced camp. The water supply and/or sewage disposal system is on-site and requires approval from your Office. Complete the information below, sign, and return the form to the camp operator listed above.

WATER SUPPLY  
 Individual water supply system.  Public nontransient noncommunity water supply system.  
 Public transient noncommunity water supply system.  Public nontransient noncommunity water supply system.

Indicate if the water supply is adequate, easily accessible to the campers, of a safe and sanitary quality and from an approved water supply system which is constructed, protected, operated and maintained in conformance with COMAR 26.04.01, 26.04.04 and applicable local subdivision ordinances.

APPROVED  DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action.  NOT APPLICABLE

Date of last sample(s): \_\_\_\_\_

Remarks: \_\_\_\_\_

SIGNATURE	TITLE	DATE	PHONE
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### SEWAGE DISPOSAL SYSTEM

Indicate if the on-site sewage disposal system is installed, operated, and maintained in compliance with COMAR 26.04.02.

APPROVED  DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action.  NOT APPLICABLE

System Capacity (#persons) \_\_\_\_\_

Indicate if portable toilets are permitted.  YES # \_\_\_\_\_  NO  YES  NO  NOT APPLICABLE

Indicate if a privy is constructed and maintained so that it is fly-proof and rodent proof and conforms to COMAR 26.04.02 and Environment Article, Section 9-223(d)(1), Annotated code of Maryland.

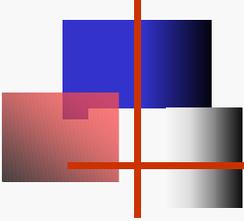
APPROVED  DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action.  NOT APPLICABLE

Remarks: \_\_\_\_\_

SIGNATURE	TITLE	DATE	PHONE
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DCS (N/12)

1



# \*Sewage Disposal

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- Type: Public or Private    What do I have?
- Public sewer is typical in cities/towns.
- Private sewer is typical in rural areas.

# \* Sewage Disposal

- What documentation does DHMH look for to verify compliance with applicable regulations?

## HEALTH & SAFETY REPORT FORM FOR YOUTH CAMPS USING PUBLIC BUILDINGS & NONPUBLIC SCHOOLS

Department of Health & Mental Hygiene  
DIVISION OF COMMUNITY SERVICES  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 Fax (410) 333-9926  
Toll Free 1-877-4HD-DHMH ext.8417

### I. CAMP OPERATOR

If your youth camp is operating at a building that is owned by the State or a local government and used by the public more than 170 days, or is owned and operated as a nonpublic school and used as a school for more than 170 days, complete the information in this section and forward this form to the building owner or the building owner's authorized representative.

CAMP OPERATOR NAME		PHONE	
CAMP NAME			
MAILING ADDRESS		SITE ADDRESS	
CITY	STATE	ZIP	CITY STATE ZIP

### II. BUILDING OWNER

This facility is seeking a youth camp certificate or letter of compliance from the Department of Health and Mental Hygiene, Division of Community Services. Please complete the information below, and return the form to the camp operator listed above.

The water supply is adequate, easily accessible to the campers, of a safe and sanitary quality and from an approved water supply system which is constructed, protected, operated and maintained in conformance with applicable State codes and local subdivision ordinances.

The sewage disposal system is installed, operated, and maintained in conformance with applicable State codes and local subdivision ordinances.

The plumbing at this building is installed, protected and maintained in conformance with applicable State codes and local subdivision ordinances.

The electrical system at this building is installed and maintained in conformance with applicable State codes and local subdivision ordinances.

The building is constructed and maintained in conformance with all fire and safety code requirements and is approved by the State or county fire authority.

The camp operator should be aware of the following problems:

Water Supply: \_\_\_\_\_

Sewage Disposal: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Electrical: \_\_\_\_\_

Fire Safety: \_\_\_\_\_

BUILDING OFFICIAL'S SIGNATURE	TITLE	DATE	PHONE
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DCH (4/91)

## REQUEST FOR LOCAL HEALTH DEPARTMENT APPROVAL FOR YOUTH CAMP SITES HAVING AN ON-SITE WELL, SEWAGE DISPOSAL, PORTABLE TOILETS, OR A PRIVY

Department of Health & Mental Hygiene  
DIVISION OF COMMUNITY SERVICES  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 Fax (410) 333-9926  
Toll Free 1-877-4HD-DHMH ext. 8417

### • CAMP OPERATOR

If your youth camp facility has an on-site water supply and/or sewage disposal system, annual approval from the local environmental health department is required. Complete the information in this section and forward the form, 30 days before the camp operates, to the appropriate local environmental health department on page 2.

CAMP OPERATOR NAME		PHONE		FAX	
CAMP NAME		DATES OF OPERATION		CAMP OCCUPANCY	
MAILING ADDRESS			SITE ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

Do not use this form, when the camp building is owned by the State or a local government, school, or park, and used by the public more than 170 days per year. Use the Health & Safety Report Form for Youth Camps using Public Buildings & Nonpublic Schools enclosed in the application package.

### • LOCAL HEALTH DEPARTMENT

The operator is seeking a youth camp certificate or letter of compliance from the Department of Health and Mental Hygiene, Division of Community Services for the above referenced camp. The water supply and/or sewage disposal system is on-site and requires approval from your office. Complete the information below, sign, and return the form to the camp operator listed above.

#### WATER SUPPLY

Indicate type of on-site water supply.  Individual water supply system.  Public transient noncommunity water supply system.  Public nontransient noncommunity water supply system.

Indicate if the water supply is adequate, easily accessible to the campers, of a safe and sanitary quality and from an approved water supply system which is constructed, protected, operated and maintained in conformance with COMAR 26.04.01, 26.04.04 and applicable local subdivision ordinances.

APPROVED  DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action.  NOT APPLICABLE

Date of last sample(s) \_\_\_\_\_

Remarks: \_\_\_\_\_

SIGNATURE	TITLE	DATE	PHONE
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#### SEWAGE DISPOSAL SYSTEM

Indicate if the on-site sewage disposal system is installed, operated, and maintained in compliance with COMAR 26.04.02.

APPROVED  DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action.  NOT APPLICABLE

System Capacity \_\_\_\_\_ (#persons)

Indicate if portable toilets are permitted.  YES # \_\_\_\_\_  NO  NOT APPLICABLE

If yes, is a maintenance agreement with an approved scavenger in place?  YES  NO

Indicate if a privy is constructed and maintained so that it is fly-proof and rodent proof and conforms to COMAR 26.04.02 and Environment Article, Section 9-22(b)(1), Annotated code of Maryland.

APPROVED  DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action.  NOT APPLICABLE

Remarks: \_\_\_\_\_

SIGNATURE	TITLE	DATE	PHONE
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DCH (4/91)

# \* Plumbing

- Are the plumbing lines and fixtures safe and protected against cross-connections, back siphonage, and scalding?
- What documentation does this Office look for to verify compliance with applicable regulations.

**HEALTH & SAFETY REPORT FORM FOR YOUTH CAMPS USING PUBLIC BUILDINGS & NONPUBLIC SCHOOLS**

Department of Health & Mental Hygiene  
DIVISION OF COMMUNITY SERVICES  
830 Paul Street, Suite 1201  
Baltimore, Maryland 21202-5809  
410-787-6417 Fax 410-253-8026  
Toll Free 1-877-486-0886 ext.8417

**I. CAMP OPERATOR**  
If your youth camp is operating at a building that is owned by the State or a local government and used by the public more than 170 days, or is owned and operated as a nonpublic school and used as a school for more than 170 days, complete the information in this section and forward this form to the building owner or the building owner's authorized representative.

CAMP OPERATOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CAMP NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ SITE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**II. BUILDING OWNER**  
This facility is seeking a youth camp certificate or letter of compliance from the Department of Health and Mental Hygiene, Division of Community Services. Please complete the information below, and return the form to the camp operator listed above.

The water supply is adequate, easily accessible to the campers, of a safe and sanitary quality and from an approved water supply system which is constructed, protected, operated and maintained in conformance with applicable State codes and local subdivision ordinances.

The sewage disposal system is installed, operated, and maintained in conformance with applicable State codes and local subdivision ordinances.

The plumbing at this building is installed, protected and maintained in conformance with applicable State codes and local subdivision ordinances.

The electrical system at this building is installed and maintained in conformance with applicable State codes and local subdivision ordinances.

The building is constructed and maintained in conformance with all fire and safety code requirements and is approved by the State or county fire authority.

The camp operator should be aware of the following problems:

Water Supply: \_\_\_\_\_

Sewage Disposal: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Electrical: \_\_\_\_\_

Fire Safety: \_\_\_\_\_

BUILDING OFFICIAL'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

PRINCE GEORGE'S COUNTY  
Department of Environmental Resources  
Permits and Review Division  
**CERTIFICATE OF OCCUPANCY**

EFFECTIVE DATE: \_\_\_\_\_ CASE NUMBER: 5834-2009-09

PERMISSION IS HEREBY GRANTED TO OCCUPY  
**4598 BEECH RD TEMPLE HILLS, MD 20748**

OWNERSHIP: \_\_\_\_\_ PARKING SPACES: 216  
USE GROUP: \_\_\_\_\_ SPECIAL EXCEPTION: \_\_\_\_\_  
CONST. TYPE: \_\_\_\_\_ LOT: \_\_\_\_\_  
TAX MAP: 081 BLOCK: \_\_\_\_\_  
ZONE: 4U PARCEL: \_\_\_\_\_

USE (SMC/PC ZONING):  
CHURCH/TEMPLES/SYNAGOGUE

LIMITATIONS (L.P.T.O.):  
OK FOR A CHURCH WITH UP TO 75 SEATS PER 221-224-72-C & 3493-83-G2

<b>PROPERTY OWNER</b> BEECHLEY SQUARE LTD PARTNERSHIP P O BOX 31 TEMPLE HILLS, MD 20747	<b>OCCUPANT</b> LIFE CHANGING BIBLE BAPTIST CHURCH 4598 BEECH RD TEMPLE HILLS, MD 20748 TRADE NAME: LIFE CHANGING 1 BIBLE BAPTIST
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CERTIFICATE IS TO BE CONSPICUOUSLY DISPLAYED AND NOT REMOVED FROM THE PREMISE FOR WHICH IT WAS ISSUED.  
IT IS NOT TRANSFERABLE.

9/16/2010  
John W. ...  
L. ...  
S. ...  
5444-570  
72262-55174

BUILDING CODE OFFICIAL

# \*Electrical

- Is the electrical wiring safe?
- What documentation does DHMH look for to verify compliance with applicable codes.

## HEALTH & SAFETY REPORT FORM FOR YOUTH CAMPS USING PUBLIC BUILDINGS & NONPUBLIC SCHOOLS

Department of Health & Mental Hygiene  
DIVISION OF COMMUNITY SERVICES  
6 St. Paul Street, Suite 1201  
Baltimore, Maryland 21202-2608  
(410) 767-8417 Fax (410) 332-8926  
Toll Free 1-877-4ND-DETH ext.8417

### I. CAMP OPERATOR

If your youth camp is operating at a building that is owned by the State or a local government and used by the public more than 170 days, or is owned and operated as a nonpublic school and used as a school for more than 170 days, complete the information in this section and forward this form to the building owner or the building owner's authorized representative.

CAMP OPERATOR NAME		PHONE	
CAMP NAME			
MAILING ADDRESS		SITE ADDRESS	
CITY	STATE	ZIP	CITY STATE ZIP

### II. BUILDING OWNER

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The building is constructed and maintained in conformance with all fire and safety code requirements and is approved by the State or county fire authority.

The camp operator should be aware of the following problems:

Water Supply: \_\_\_\_\_

Sewage Disposal: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Electrical: \_\_\_\_\_

Fire Safety: \_\_\_\_\_

BUILDING OFFICIAL'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

DCS (4/01)

## PRINCE GEORGE'S COUNTY Department of Environmental Resources Permits and Review Division CERTIFICATE OF OCCUPANCY

EFFECTIVE DATE: \_\_\_\_\_ CASE NUMBER: 5834-2000-00

PERMISSION IS HEREBY GRANTED TO OCCUPY:  
4598 BEECH RD TEMPLE HILLS, MD 20748

OWNERSHIP:	PARKING SPACES:	216
USE GROUP:	SPECIAL EXCEPTION:	
CONST. TYPE:	LOT:	
TAX MAP:	BLOCK:	
ZONE:	PARCEL:	

USE (MNCPPC ZONING):  
CHURCH/TEMPLES/SYNAGOGUE

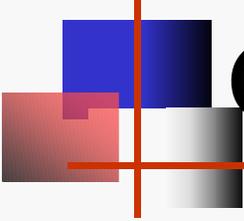
LIMITATIONS (UP TO):  
OK FOR A CHURCH WITH UP TO 75 SEATS PER 221-224-72-C & 3497-83-GU.

PROPERTY OWNER BEECHLEY SQUARE LTD PTNSHIP P O BOX 31 TEMPLE HILLS, MD 20747	OCCUPANT LIFE CHANGING BIBLE BAPTIST CHU (CH) 4598 BEECH RD TEMPLE HILLS, MD 20748 TRADE NAME : LIFE CHANGING BIBLE BAPTIST
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CERTIFICATE IS TO BE CONSPICUOUSLY DISPLAYED AND NOT REMOVED FROM THE PREMISE FOR WHICH IT WAS ISSUED.  
IT IS NOT TRANSFERABLE.

9/15/2010  
John H. H. -  
W. C. W. (152)  
Sun H. H. -  
5844-1910  
7222-55174

*[Signature]*  
BUILDING CODE OFFICIAL



# Other Compliance Documentation

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- In the absence of a local electrical or plumbing code, an operator can obtain a one time inspection by a licensed master plumber or electrician.